

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1		1			
2		1		1		
3		2		2		
4		2		2		
5		2		2		
6		1		1		
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TOTAL IND.	1		1			
TOTAL DEP.	12		10			
TOTAL CLAIMS	13		11			

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